

EXHIBIT 76

MODEL LETTER TO CLINICS, REHABILITATION AGENCIES, AND PUBLIC HEALTH AGENCIES INITIALLY APPLYING TO SERVE AS PROVIDERS OF OUTPATIENT OCCUPATIONAL THERAPY SERVICES

(Date)

Facility Name
Address
City, State, ZIP Code

Dear _____:

This is in response to your inquiry regarding participation in the Medicare program as a provider of outpatient occupational therapy (OOT) services. To participate in Medicare as a provider of these services, your clinic or agency must be approved by the Centers for Medicare & Medicaid Services (CMS). The statutory basis for the OOT services benefit is found at section 1861(g) of the Social Security Act (the Act). The new subsection, 1861(g), which became effective July 1, 1987, gives the term "outpatient occupational therapy services" the meaning of "outpatient physical therapy services" by substituting "occupational" for "physical" each place it appears in section 1861(p) of the Act.

Because coverage of outpatient occupational therapy services became effective July 1, 1987 and final rules establishing specific Medicare requirements for OOT services have not yet been published, we have adopted the existing process used to establish the eligibility of providers of outpatient physical therapy/outpatient speech pathology services (OPT/OSP) (including compliance with State and local licensure requirements) to determine the eligibility of an organization to participate in the Medicare program as a provider of OOT services. Instructions, forms, and procedures applicable to OPT/OSPs have been modified accordingly. We anticipate that the final Conditions of Participation and the approval process for OOTs will be similar to the existing Conditions and approval process for OPT/OSPs. In order to participate in Medicare you must be in compliance with the enclosed requirements except for 42 CFR 405.1718(a)(1) and (b) and 42 CFR 405.1719. The **(name of State agency)** assists CMS in determining whether clinics and agencies in this State meet the Medicare requirements.

Enclosed is a copy of the Request to Establish Eligibility (Form CMS-1856) and instructions for its completion which have been amended to include occupational therapy, where appropriate. You will also find two copies of the Form CMS-1561, the agreement which your organization must enter into with the Secretary of the Department of Health and Human Services, if you qualify for participation. The Form CMS-1561 has been revised to delete the references to Title VI of the Civil Rights Act of 1964. The individual signing the Form CMS-1561 must also initial and date this change in the margin of the

(Name)

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(Date)

form. If you wish to participate in the program, please complete the amended Form CMS-1856 and retain a copy for your records. If you do not wish to participate at this time, please complete item I on one copy of the amended Form CMS-1856 and return all of the forms to us as soon as possible in the enclosed, preaddressed envelope so that we can make the proper adjustment to our records.

After receiving your Request to Establish Eligibility, we will conduct a survey of your organization to determine whether it meets the requirements for participation. If your agency is cited for significant deficiencies you will be informed, and given an opportunity to correct these deficiencies.

If your organization is found eligible for Medicare participation, a representative of the CMS regional office will countersign the agreement for the Secretary. The effective date of the agreement, can be no earlier than the date your facility meets all Medicare health and safety requirements and, for OOT services, no earlier than July 1, 1987. Please be sure to sign, initial, and date the Form CMS-1561 where indicated, and return both copies with all but the last copy of the amended Form CMS-1856.

Sincerely yours,

Enclosure